

Who originally identified the requirement(s)? (i.e. College/Dept, Zone, VFA, etc.)

Replacement & Renewal Program

Date:

Submitted By:

To:

Replacement & Renewal Project Requirement Submittal Form

Note: Please fill out this form completely to ensure your project is correctly reviewed. Attach photos and any additional information you feel may support the project.

PHOTOS ARE HIGHLY RECOMMENDED

(ATTACH AS SEPARATE FILES)

Phone No.

Project information	on.							_					
Campus:					Building:			Histor	Historically Significant? Yes ☐ No				
Project Title:													
Capital Project #: (if applicable)			FAMIS Status:										
Estimated Design Sta	Constr. Start: (m,			1/уууу)				Subst. Comp.: (m/yyyy)					
System(s) Impacted:													
System #1:			Sy	/stem :	#2:					System	#3:		
System Age:				stem .					L	System	Age:		
Condition:			Co	Condition:						Condition	n:		
Equip. #:				Equip. #:						Equip. #	:		
Equip. #:				quip. #					Ш	Equip. #			
Equip. #:			Ec	quip. #	:					Equip. #	:		
Equip. #:			Ec	quip. #	:					Equip. #	<u>:</u>		
Equip. #:			Ec	quip. #	:					Equip. #	<u>:</u>		
Obsolete parts?	Yes □ No □		Ol	Obsolete parts?		Yes □ No □				Obsolet	e parts?	Yes □	No 🗆
Renewal Type:			Re	enewa	l Type:					Renewa	l Type:		
If <i>Repair</i> , years life			If	Repa	<i>ir</i> , years life					If Repa	<i>ir</i> , years life		
extended:					extended:						extended:		
Floor	Room		Flo	oor		Room	า			Floor		Room	
Floor	Room		Flo	oor		Room	า			Floor		Room	
Floor	Room		Flo	oor		Room	า			Floor		Room	
Include All Costs (desi	ign, construc	ction, conti	ngency,	, instit	utional) in Es	timate	: (ro	und to the n	eare.	st thous	and)		
System #1 Estimate:			Sy	System #2 Estimate:						System #3 Estimate:			
Possible Cost Sharing? Yes ☐ No ☐		No 🗆	Po	Possible Cost Sharing			P Yes □ No □			Possible Cost Sharing? Yes ☐ No ☐			
If <i>yes,</i> anticipated				If yes , anticipat			ed			If <i>yes</i> , anticipated			
amount (explain below):			а	amount (explain below						amount (explain below):			
Required R&R Funding: \$		Re	Required R&R Fundin			g: \$			Require	d R&R Fundir	ng: \$		
Integrate with another		N- □	ln ⁻	Integrate with another			er Yes 🗆 No 🗆			Integrat	e with anoth	er 🕠	- D N- D
CP (explain below)? Yes □ No □		NO 🗆	CF	CP (explain below)?			Yes 🗆 No 🗆			CP (expla	ain below)?	Ye	s □ No □
T	ntal Project	Cost: \$			Tot	al R&R	Fun	ding Require	۶ų،	\$			
Total Project Cost: \$ Total R&R Funding Required: \$ What fiscal year are funds needed? (ex. 13/14)													
Rate of Return on Investment (ROI) for Entire Project:													
(explain calculation in "Additional Information" section below)													
Additional Information: (explain anticipated funding, existing CP integration, "failed" system(s), input additional equipment #'s, etc.)													

Impact & Risk									
Energy impact? Yes □		f no, skip to	next section.)	I					
Type(s) of energy impact?									
Energy Method? Prescrip	tive 🗆		ade-off (Envelope)	Energy Cost Budget □					
Type of Energy Savings? Energy Efficiency				Water Conservation □					
Anticipated Savings/Year:				# of Years to Obtain:					
Life Safety Risk? Yes	」 NO □ (it no, skip t	o next section.)	D					
Who is at risk?		7 4.6		Degree of Risk?					
Code Compliance? Yes	□ No □	l (It no, ski		<u> </u>					
Code Affected:			Code Reference:		Deadline (if applicable):				
Code Affected:			Code Reference:		Deadline (if applicable):				
	Code Affected:				Deadline (if applicable):				
Environmental Impact	? Yes □	No □ (It n	o, skip to next section						
Type of Impact?				Degree of Impact:					
Mission Impact:									
Possible Intellectual Prop	erty Loss o	r Damage (data, research, artifact	s) if Not Funded:					
Possible Physical Property	//Equipme	nt Loss or I	Damage if Not Funded:						
Possible Time Disruption	if Not Fund	ded:							
Type of Area Impacted:									
Space re-purposed or bei	ng re-purp	osed?	Yes □ No □	Re-purpose Reason:					
				& Justification					
Include a full description of the scope of the project and any other pertinent information that helps describe and justify the project.									
Submitted By		Mana	ger / Assoc/Asst Director	**					
,			<u> </u>						
] [

^{**}Approval by your Manager or Associate/Assistant Director is not required, unless specified by your section/department.